

Notice of Entry of Appearance as Attorney or Accredited Representative

DHS Form G-28

OMB No. 1615-0105 Expires 05/31/2021

Department of Homeland Security

Part 1. Information About Attorney or Accredited Representative	Part 2. Eligibility Information for Attorney or Accredited Representative					
1. USCIS Online Account Number (if any)	Select all applicable items.					
Name of Attorney or Accredited Representative	1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you					
2.a. Family Name (Last Name)	need extra space to complete this section, use the space provided in Part 6. Additional Information.					
2.b. Given Name (First Name) Joshua	Licensing Authority					
2.c. Middle Name	Texas					
	1.b. Bar Number (if applicable)					
Address of Attorney or Accredited Representative	20298700					
3.a. Street Number and Name 2201 Main Street	 I (select only one box) am not am subject to any order suspending, enjoining, restraining, 					
3.b. Apt. X Ste. Flr. 830	disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space					
3.c. City or Town Dallas	provided in Part 6. Additional Information to provide an explanation.					
3.d. State TX 3.e. ZIP Code 75201	1.d. Name of Law Firm or Organization (if applicable)					
3.f. Province	Turin & Esquenazi PLLC					
3.g. Postal Code	2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social					
3.h. Country	service, or similar organization established in the United States and recognized by the Department of					
United States of America	Justice in accordance with 8 CFR part 1292.					
Contact Information of Attorney or Accredited	2.b. Name of Recognized Organization					
Representative						
4. Daytime Telephone Number	2.c. Date of Accreditation (mm/dd/yyyy)					
2146887080						
5. Mobile Telephone Number (if any)	3.					
	the attorney or accredited representative of record					
6. Email Address (if any)	who previously filed Form G-28 in this case, and my					
josh_75247@yahoo.com	appearance as an attorney or accredited representative for a limited purpose is at his or her request.					
7. Fax Number (if any)	4.a. I am a law student or law graduate working under the					
2146880505	direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).					
	4.b. Name of Law Student or Law Graduate					

	t 3. Notice of Appearance as Attorney or credited Representative	Clia	ent's Contact Information Daytime Telephone Number
	u need extra space to complete this section, use the space	10.	6822592880
•	ded in Part 6. Additional Information.	11.	Mobile Telephone Number (if any)
	appearance relates to immigration matters before ct only one box):		6822592880
1.a.	U.S. Citizenship and Immigration Services (USCIS)	12.	Email Address (if any)
1.b.	List the form numbers or specific matter in which appearance is entered.		lalamonet@yahoo.com
		Ma	iling Address of Client
2.a.	U.S. Immigration and Customs Enforcement (ICE)		TE: Provide the client's mailing address. Do not provide
2.b.	List the specific matter in which appearance is entered.	repre	susiness mailing address of the attorney or accredited esentative unless it serves as the safe mailing address on the ication or petition being filed with this Form G-28.
3.a.	X U.S. Customs and Border Protection (CBP)	13.a	Street Number 2530 Sara Jane Pkwy.
3.b.	List the specific matter in which appearance is entered. G-28	13.b	. × Apt. Ste. Flr. 927
4.	Receipt Number (if any)	13.c	City or Town Grand Prairie
	▶	13.d	. State TX 13.e. ZIP Code 75052
5.	I enter my appearance as an attorney or accredited representative at the request of the (select only one box): Applicant Petitioner Requestor Beneficiary/Derivative Respondent (ICE, CBP)		Province Postal Code
	Bolletial // Bollvanive Treesposition (2011)	13.h	Country
	ormation About Client (Applicant, Petitioner,		United States of America
	uestor, Beneficiary or Derivative, Respondent, Authorized Signatory for an Entity)	D.	A CE AL Complete Description
-	Family Name (Last Name)		rt 4. Client's Consent to Representation and mature
6.b.	Given Name (First Name)		nsent to Representation and Release of formation
6.c.	Middle Name		ve requested the representation of and consented to being
7.a.	Name of Entity (if applicable)	in P and	esented by the attorney or accredited representative named art 1. of this form. According to the Privacy Act of 1974 U.S. Department of Homeland Security (DHS) policy, I
7.b.	Title of Authorized Signatory for Entity (if applicable)	acci	consent to the disclosure to the named attorney or redited representative of any records pertaining to me that ear in any system of records of USCIS, ICE, or CBP.
8.	Client's USCIS Online Account Number (if any)		
9.	Client's Alien Registration Number (A-Number) (if any) ► A-		

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

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2.b. Date of Signature (mm/dd/yyyy)

07/02/2020

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy)

07/02/2020

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

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Part 6. Additional Information						4.a.	Page Number	4.b.	Part Number	4.c.	Item Number
If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.						4.d.					
1.a	Family Name (Last Name)	Quans	ah								
1.b.	Given Name (First Name)	Elizabeth									
1.c.	Middle Name										
2.a.	Page Number	2.b.	Part Number	2.c.	Item Number						
2.d.							•				
						5.a. 5.d.	Page Number	5.b.	Part Number	5.c.	Item Number
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3.a.	Page Number	3.b.	Part Number	3.c.	Item Number	- - - -					
3.d.						6.a. - - 6.d.	Page Number	6.b.	Part Number	6.c.	Item Number
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